

REQUEST FOR PROPOSALS BOILERPLATE

OPTIONAL FORMS

Staff may use these forms as needed.

Project Summary

Other Funding Sources

Prior, Current and Proposed OCJP Funding

Computer Purchase Face Sheet

WSIN Certification of Compliance

Emergency Fund Procedures

Sole/Single Source Justification Checklist

Disbursement of Confidential Funds Certification

PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative.

1. **PROJECT YEAR:** If the project is new, check new. If the project is continuing, check the box of the proposed year of the project (i.e. Year 2) or insert the year of operation.
2. **PROJECT TITLE:** Enter the complete title. The title **MUST** describe the focus of the project. Acronyms are not acceptable. Do not exceed 60 characters, including space and punctuation.
3. **GRANT PERIOD:** Enter the beginning and ending dates of funding as specified in the grant application.
4. **APPLICANT:** Enter the name and complete address of the organization that is applying for the grant.
5. **FUNDS REQUESTED:** Enter the amount of grant funds requested. This must be the same amount used on the budget pages and on the proposal cover sheet.
6. **IMPLEMENTING AGENCY:** Enter the agency or organization designated on the grant award face sheet as the programmatic recipient of the grant funds who will accomplish the planned objectives and program goals.
7. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service which OCJP is authorized to fund based upon state or federal legislation.
8. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:** Include the quantifiable measurements which define a course of action in order to accomplish the program goals.

PROGRAM SPECIFIC CATEGORIES:

10. **ACTIVITIES:** Describe activities you will perform to accomplish each objective (quantify where possible).
11. **CATEGORY:** Check the appropriate category.
12. **PROGRAM AREA:** Check appropriate program area.
13. **EVALUATION:** Describe how project performance will be measured. Note who will conduct the evaluation (e.g. project staff, government personnel, or outside consultants).
14. **NUMBER OF CLIENTS TO BE SERVED:** Enter the number of clients.
15. **PROJECTED BUDGET:** List all noted budget items. Be specific in breakdown of grant funds and all other budget sources.
16. **RESPONSIBLE OFFICIAL:** [STAFF NOTE: Remove this item if signature is not necessary for program use.]
The legally responsible official for the organization should sign and date this document. The official's name and title should be typed in the space provided.

PROJECT SUMMARY		
1. OBJECT YEAR New Year 2 Year 3 Other _____	2. PROJECT TITLE	3. GRANT PERIOD _____ To _____
4. APPLICANT Name: _____ Phone: () Address: _____ Fax #: ()		5. FUNDS REQUESTED \$ _____
6. IMPLEMENTING AGENCY Name: _____ Phone: () Fax #: () Address: _____		
7. PROGRAM DESCRIPTION		
8. PROBLEM STATEMENT		
9. OBJECTIVES		

ACTIVITIES	11. CATEGORY — — — —
	12. PROGRAM AREA — — — —
VALUATION	14. NUMBER OF CLIENTS TO BE SERVED _____

PROJECTED BUDGET				
	Personnel Services	Operating Expenses	Equipment	TOTAL
Funds Requested				
Other Grant Funds				
Other Sources (list in-kind, fees, etc.)				

NAME OF RESPONSIBLE OFFICIAL	
Signature: _____	Date: _____
Typed Name: _____	
Title: _____	

Complete this form to report the total funds available to support the activities related to accomplishing the goals and objectives of the Grant Award Agreement. In the Grant Funds column, report the OCJP funds requested by category; in the Other Funds column, report all other funds available to support the project by category and then calculate the totals by category in the Program Total column. Total each column to arrive at the total program funds available.

OTHER FUNDING SOURCES			
BUDGET CATEGORY	GRANT FUNDS (Use only the grant funds identified in the preceding budget pages.)	OTHER FUNDS	PROGRAM TOTAL
Personal Services			
Operating Expenses			
Equipment			
TOTAL			

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Rev. 1/94)

THIS FORM DOES NOT BECOME PART OF THE GRANT AWARD.

List all currently funded OCJP projects and all OCJP grants awarded to the applicant during the last five fiscal years. Include the fiscal year of operation, the grant number and the amount of OCJP funding. For current and proposed grants that include positions funded by more than one OCJP grant, list these personnel by title and the percentage of the position funded by OCJP. The percentage of funding must not exceed 100% for any one individual. **For example:**

FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	PERCENTAGE PAID BY OCJP
1993-94	CP93010001	\$50,000	Project Director	25%
1993-94	CR93020001	\$67,000	Project Director	25%
1993-94	DS93020001	\$68,000	Project Director	50%

PRIOR, CURRENT AND PROPOSED OCJP FUNDING				
FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	% OF OCJP FUNDING

COMPUTER PURCHASE FACE SHEET

GRANTEE:

GRANT AWARD NO:

PROJECT TITLE:

GRANT AWARD PERIOD:

From: _____, 19____ to _____, 19_____

Software Cost:

\$

Hardware Cost:

\$

Other Related Items Costs:

\$

Total Proposed Computer System Cost: \$

Total Grant Award Amount: \$

FOR OCJP USE ONLY

	Approved	Denied	
	<input type="checkbox"/>	<input type="checkbox"/>	Program Staff's Signature _____ Date _____
Under \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	Branch Chief's Signature _____ Date _____
\$10,000 and over	<input type="checkbox"/>	<input type="checkbox"/>	Information Systems Branch Chief's Signature _____ Date _____
	<input type="checkbox"/>	<input type="checkbox"/>	Division Chief's Signature _____ Date _____

GOVERNOR'S OFFICE OF CRIMINAL JUSTICE PLANNING

PROGRAMMATIC PURCHASE JUSTIFICATION

As stated in the OCJP Grantee Handbook, approval for purchases of computers and automated equipment is contingent on the project's ability to demonstrate cost effective, project-related need. This is best demonstrated by clearly relating each computer system or component to the grant objectives and activities.

- A. In narrative form, please answer the following questions. Attach as many pages as necessary to fully answer each question.
1. What is your agency's purpose for the proposed system? Include a description of the items to be purchased and how they will be used. Also, explain how the proposed equipment and/or software will enhance the project's ability to achieve the objectives/activities of the project as specified in the Grant Award Agreement.
- B. If the request is for hardware and software in which the total costs exceed \$10,000, answer the following questions:
1. Describe the proposed design of your system and indicate whether this is a new system or an addition/enhancement of an existing one. In your description please be specific as to type and location of hardware/software and how the system will be operated and maintained.
 2. Will the proposed system design meet not only your current, but future needs? Describe in detail.
 3. Does the proposed system integrate with others within the agency? Explain both yes and no responses in detail.
 4. Do you plan on integrating this system with existing city, county, regional or statewide networks? Explain both yes or no responses in detail.
 5. For criminal justice agencies, does the proposed system meet the minimum requirements of the Statewide Integrated Narcotics System (SINS)? Contact OCJP for additional information regarding SINS requirements.
 6. Does the proposed system include intelligence data subject to 28 CFR Part 23 of the Code of Federal Regulations? Contact WSIN regarding these requirements and have them sign the certification of compliance.

WESTERN STATES INFORMATION NETWORK (WSIN)

CRIMINAL INTELLIGENCE SYSTEM

CERTIFICATION OF COMPLIANCE

This is to certify that I, the Executive Director (or designee) for WSIN, have conferred with the applicant (name of grantee) _____ in the design and implementation of this computer system and that it is compatible with the personal computer specifications of the Statewide Integrated Narcotics System.

I further certify that this project is in compliance with the applicable standards for automated criminal intelligence systems as contained in 28 CFR Part 23 of the Code of Federal Regulations.

Executive Director, WSIN

Date

Agency Implementing the System _____

Designated Contact Person _____
(Name) (Phone Number)

Project Location _____

(Applicable to certain federal funds only)

GOVERNOR'S OFFICE OF CRIMINAL JUSTICE PLANNING
EMERGENCY FUND PROCEDURES

GRANTEE NAME

GRANT NUMBER

In order for a project to develop an emergency fund with grant funds, certain criteria must be maintained. "Emergency" is defined as any immediate financial intervention in response to a victim's basic needs such as: temporary emergency shelter, food, transportation, clothing and medical care including prescription medicine, eyeglasses or dentures.

Because of the nature of the fund, it needs to be easily accessible. It is also necessary, however, that some safeguards and accountability of the fund be maintained. For effective management and audit purposes, the following procedures must be maintained:

1. The emergency fund and regular grant allocation must be kept separate, each with their own accounts.
2. Vouchers, receipts, and canceled checks must be maintained for audit purposes.
3. The authority to make payments from the emergency fund rests with the Chief Executive of the agency. Authority to draw on the emergency fund has been delegated by the Chief Executive to .
In order to be valid, checks must require a counter signature. OCJP will be notified in writing of any changes in responsibility within 10 days of the change.
4. If an imprest cash fund is used, the name, address and signature of the recipient will be maintained, as well as the date, amount and reason for the request.
5. Grant funds will not be commingled with other emergency monies.
6. As checks are drawn against the fund, a copy will be sent to the person in charge of the project's accounting.
7. This fund will be used only in the absence of another community resource, and only in the case of an emergency.
8. Verification of the crime will be made with local law enforcement. A copy of the crime report or verification slip will be kept on file.
9. Payments will be limited to payment for goods or services. A credit system, in lieu of cash payment, will be explored with local merchants. Direct cash allotments will be limited to no more than \$ per individual. Victims are not eligible to draw on the emergency fund for more than crime incidents per year.
10. Records will reflect whether the emergency money is considered a loan and full or partial repayment is expected, or whether the money is an outright gift. Any repayments will be considered project income and must be used to reimburse the emergency fund.

**SOLE/SINGLE SOURCE JUSTIFICATION
CONTRACTS FOR SERVICES**

CHECKLIST

	<u>Yes</u>	<u>No</u>
Has the applicant/grantee met the following requirements:		
<u>OCJP Grantee Handbook Section 4510</u>		
Do conditions exist that require a sole/single-source contract?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4521</u>		
Is a brief description of the program or project included?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4522</u>		
Was it necessary to contract noncompetitively?	<input type="checkbox"/>	<input type="checkbox"/>
Did the contractor submit his/her qualifications?	<input type="checkbox"/>	<input type="checkbox"/>
Is the reasonableness of the cost justified?	<input type="checkbox"/>	<input type="checkbox"/>
Were cost comparisons made with differences noted for similar services?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4523</u>		
Is an explanation provided for the uniqueness of the contract?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4524</u>		
Are there time constraints impacting the project?	<input type="checkbox"/>	<input type="checkbox"/>
Is a justification provided regarding the need for contract?	<input type="checkbox"/>	<input type="checkbox"/>
Were comparisons made to identify the time required for another contractor to reach the same level of competence?	<input type="checkbox"/>	<input type="checkbox"/>

(REV.7/97)

**SOLE SOURCE JUSTIFICATION
CONTRACTS FOR GOODS**

CHECKLIST

	<u>Yes</u>	<u>No</u>
Has the applicant/grantee met the following requirements:		
<u>OCJP Grantee Handbook Section 3510</u>		
Do conditions exist that require a sole/single-source contract?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 3520</u>		
Is a brief description of the program or project included?	<input type="checkbox"/>	<input type="checkbox"/>
Was it necessary to contract noncompetitively?	<input type="checkbox"/>	<input type="checkbox"/>
Did the contractor submit his/her qualifications?	<input type="checkbox"/>	<input type="checkbox"/>
Is the reasonableness of the cost justified?	<input type="checkbox"/>	<input type="checkbox"/>
Were cost comparisons made with differences noted for similar services?	<input type="checkbox"/>	<input type="checkbox"/>
Is an explanation provided for the uniqueness of the contract?	<input type="checkbox"/>	<input type="checkbox"/>
Are there time constraints impacting the project?	<input type="checkbox"/>	<input type="checkbox"/>
Is a justification provided regarding the need for contract?	<input type="checkbox"/>	<input type="checkbox"/>
Were comparisons made to identify the time required for another contractor to reach the same level of competence?	<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE CERTIFICATION

DISBURSEMENT OF CONFIDENTIAL FUNDS

This is to certify that I have read, understand, and agree to abide by all of the conditions for confidential expenditures as set forth in the OCJP guidelines.

Date

Project Director

SAMPLE RECEIPT FROM INFORMER PAYEE

RECEIPT

For and in consideration of the sale and delivery to the State, County or City of
of information or evidence identified as follows: _____

I hereby acknowledge receipt of \$ _____

(numerical and word amount entered by payee) paid to me by the State, County, City of _____
on _____ (date).

Payee: _____
(Signature)

Case Agent/Officer: _____
(Signature)

Witness: _____
(Signature)

Case or Reference: _____